

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17754**
4561

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 15 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3421 Lawton Ave.				d. STREET ADDRESS (If rural, give location) 21-3421 Lawton Ave					
3. NAME OF DECEASED (Type or Print) a. (First) Mollie b. (Middle) Olivia c. (Last) Thomas			4. DATE OF DEATH (Month) (Day) (Year) May 20, 1949						
5. SEX Fem	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 5, 1915	9. AGE (In years last birthday) (Specify) 33	IF UNDER 1 YEAR Months 10 Days 15	IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Columbus, Miss; 1		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME Bruce Tucker		13b. MOTHER'S MAIDEN NAME Clara Tucker		14. NAME OF HUSBAND OR WIFE Marcellus Thomas					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Marcellus Tucker ADDRESS _____					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Dilatation				DUE TO (b) Carcinoma of Cervix - Cervix				1 Day	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) Carcinoma of Lungs				2 Mos	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) MO					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 171X					
22. I hereby certify that I attended the deceased from 12-8-1948 to 5/20/1949 , that I last saw the deceased alive on 5/20/1949 and that death occurred at 8:25 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE H. E. Hale, M.D. (Degree or title)				23b. ADDRESS 8529 N. Jefferson		23c. DATE SIGNED 5/21/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE 5-24-49	24c. NAME OF CEMETERY OR CREMATORY Booker-Washington		24d. LOCATION (City, town, or county) Columbus, Miss (State) Miss				
DATE REC'D BY LOCAL REG. MAY 24 1949		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE R. M. C. Green		ADDRESS 3517 haledale			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. ~~4531~~

working under my personal supervision.

Student
Student Embalmer

Signed Edgar H. Green

Licensed Embalmer No. 4531

P. O. Address 3517 Laurel

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.